

Official Use Only

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Date:

VERMONT DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH  
Asbestos and Lead Regulatory Program  
Drawer 30  
108 Cherry Street, P.O. Box 70  
Burlington, VT 05402

APPLICATION FOR CERTIFICATION OF ASBESTOS ENTITIES

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing and enclosing the tax form. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible individual shall sign the application. Contact the Program at (802) 863-7236 or (800) 439-8550 in Vermont with any questions.

Please submit a check to the Vermont Department of Health for the appropriate annual certification fee in the following categories:

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

Annual fee for each type is \$600.00. Each additional type is \$150.00.

1. TYPES OF CERTIFICATION BEING APPLIED FOR: **CHECK ONE**

\_\_\_ Abatement Contractor Entity \_\_\_ Consulting Contractor Entity \_\_\_ Analytical Contractor Entity

**CHECK ONE:**

INITIAL CERTIFICATION:

☐

RENEWAL CERTIFICATION:

☐

If renewal

Certification # \_\_\_\_\_ exp. Date \_\_\_\_\_

Certification # \_\_\_\_\_ exp. Date \_\_\_\_\_

2. APPLICANT:

FIRM: \_\_\_\_\_ RESPONSIBLE INDIVIDUAL: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE NO : (\_\_\_\_) \_\_\_\_\_ FAX NO : (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If your entity has more than one location, please list each branch with address and phone number separately on an attached piece of paper.

3. THE ENTITY IS (1) A Corporation \_\_\_ (2) An Unincorporated Association \_\_\_ (3) A Partnership \_\_\_  
(4) Sole Proprietorship \_\_\_ (5) Other (specify) \_\_\_\_\_

--Attach organizational chart.

**\*FOR ANALYTICAL ENTITIES ONLY:**

Indicate the analytical services the entity wishes certification for.

Bulk Sample Analysis: Yes \_\_\_ No \_\_\_ Air Sample Analysis: Yes \_\_\_ No \_\_\_

Method(s) to be used: PLM TEM Method(s) to be used: PCM TEM

4. APPLICATION AND CERTIFICATION INFORMATION:

- (1) Has the firm seeking certification ever previously applied for an asbestos-related certificate in the State of Vermont?

Yes \_\_\_ No \_\_\_

If yes, please indicate the type of certificate applied for and the date of application.

- (2) Is the firm seeking certification as an Asbestos Entity licensed, certified, or permitted as such in any other state other than Vermont?

Yes \_\_\_ No \_\_\_

If yes, give name of state and license number and enclose copy of permit or certificate:

5. EMPLOYEES:

**The applicant shall not allow any employee to perform any asbestos-related service or activity unless the employee is certified by the Department to provide that service.**

- (1) List the full names of **all** employees of the entity applicant who will perform asbestos-related activities. List the current certification numbers and type of certification issued by the Department to the personnel employed by this entity. Attach the list to the submission.

6. ENTITY ENFORCEMENT ACTIONS (ALL APPLICANTS) (Please submit documentation of all state and federal enforcement actions from the last two years for initial, last year for renewal.)

- (1) Are there any outstanding actions or investigations regarding asbestos abatement activities initiated by any state (including Vermont) or federal agency or department pending against the entity? Yes \_\_\_\_ No \_\_\_\_
- (2) Has the entity ever been notified by any state (including Vermont) or federal agency or department that you have been in violation of, or in non-compliance with any law or regulation regarding asbestos abatement activities? Yes \_\_\_\_ No \_\_\_\_
- (3) Has the entity ever been found to be in violation of any law or regulation regarding asbestos abatement activities by any state (including Vermont) or federal agency or department?  
Yes \_\_\_\_ No \_\_\_\_

**If the answer to any of these questions is yes, even though you may disagree with those actions, provide detailed information about the notice or action including your response to this correspondence, and what procedures have been instituted to prevent further reoccurrence. The Program routinely checks enforcement actions through state and federal enforcement reports.**

7. EXPERIENCE OR WORKER PROTECTION REQUIREMENTS: (INITIAL APPLICANTS or UPDATES ON RENEWALS)

An Asbestos Entity shall show documentation of experience, proficiencies, and/or accreditations to meet requirements for the types of certification applied for:

1) Abatement Contractor Entity: (Per Section 2 of the regulations)

- Two years experience in the performance of asbestos abatement projects (include start and finish dates) using the work practices set forth in Section 2 of the VRAC; or three years of experience in general contracting.
- Documentation of Vermont certified Contractor/Supervisor initial training with refreshers if applicable by the responsible individual.
- All Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926 and 29 CFR 1910; Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment

2) Consulting Contractor Entity: (Per Section 4.3 of the regulations)

- Shall employ individuals that have obtained certification or are qualified to obtain certification to perform asbestos consultant services listed in section 4.1.1 of the VRAC.
- Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926 and 29 CFR 1910; Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment.

3) Analytical Contractor Entity: (Per Section 3 of the regulations)

- Phase Contrast Microscopy Analysis--documentation of proficiency in the NIOSH Proficiency Analytical Testing Program.
- Polarized Light Microscopy Analysis--documentation of proficiency in a recognized national or state quality assurance program.
- Transmission Electron Microscopy analysis of air samples--documentation of proficiency in the NIST National Voluntary Laboratory Accreditation Program and one year of experience in materials analysis by electron microscopy.
- Transmission Electron Microscopy of bulk samples--one year of experience in materials analysis by electron microscopy and documentation of in-house quality assurance procedures for analysis of bulk samples by electron microscopy.
- New applicants must attach the results from the **two** most recent rounds of the proficiency program participated in.
- Please note that participation in all rounds of these programs is required unless a waiver has been given by the Department.
- Does the analytical entity participate in any other proficiency-testing program for asbestos analysis? Attach copies of the proficiency rounds.
- Is the analytical entity accredited by the American Industrial Hygiene Association? Attach accreditation documentation.
- Is the analytical service accredited by any other institution? Specify and attach appropriate documentation.

Additional application information for analytical entities

- 1) **Equipment--List type, model year, and manufacturer for microscopic and other equipment used to perform asbestos analysis.**  
The list of microscopes that are used for phase contrast microscopy should show the date the Walton-Beckett graticule was installed and initially calibrated. Attach additional sheets if necessary.
- 2) **Routine Detection Limits**--Submit a summary of the routine detection limits and fiber size detection levels for each method of bulk and air samples attained by the laboratory seeking certification. Detection limits for air samples should be for a given sample volume and microscope set-up, and this information should be provided in the summary, as well.
- 3) **Chain of Custody and Quality Assurance**--You must attach a complete written report on the Chain of Custody and Quality Assurance procedures to be used for analysis of bulk and/or air samples for asbestos content.

8. **ASSOCIATIONS WITH OTHER ASBESTOS RELATED BUSINESSES:**

Does the applicant, any employee, or other individual with financial interests in the applicant have any financial or professional involvement with any other individual or firm certified under the Vermont Regulations for Asbestos Control, now or in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe this relationship in detail. (Attach additional sheets if necessary).

**I certify that I have read and understand the requirements of the Vermont Regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.**

SIGNATURE OF RESPONSIBLE INDIVIDUAL \_\_\_\_\_ DATE \_\_\_\_\_

**Applicant's Statement Regarding Child Support, Taxes,  
Unemployment Compensation Contributions**

You **must** answer questions 1, 2, and 3.

**Regarding Child Support**

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good Standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

1. You must check one of the three statements below regarding child support regardless whether or not you have children:

- ☐ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

OR

- ☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

- ☐ I hereby certify that 15 V.S.A. § 795 is not applicable, because this is a business seeking certification.

**Regarding Taxes**

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113).

2. You must check one of the two statements below regarding taxes:

- ☐ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000. fine or both).

OR

- ☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application of Hardship".

**Regarding Unemployment Compensation Contributions**

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contribution:

- ☐ I hereby certify, under the pains of penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000 fine or both).

OR

- ☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

- ☐ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Federal Tax ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*The disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

**Statement of Applicant**

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## ENTITY CHECK SHEET FOR ASBESTOS ENTITY CERTIFICATION

The following are items that are generally missed when entities submit application for certifications. Please check these items carefully on your applications, as **incomplete** applications will be returned. During the review process, if the information is found to be **incomplete**, your application will be denied and the fees will not be returned.

### ALL APPLICANTS

- \_\_\_\_\_ 1) Is the application and tax form signed and dated? An original signature is required. A stamped or photocopy of a signature will not be accepted.
- \_\_\_\_\_ 2) Is type(s) of certification checked?
- \_\_\_\_\_ 3) Is the proper certification fee(s) submitted? Is the check made out to the Vermont Department of Health?
- \_\_\_\_\_ 4) Has documentation or any change of written worker protection plan been submitted?
- \_\_\_\_\_ 5) Has documentation of enforcement action been submitted for the last two years for initial applicant, last year for renewal? Have you made sure that your response to these actions has been submitted?

### INITIAL APPLICANTS

- \_\_\_\_\_ 1) If you are a corporation or wholly owned subsidiary, please make sure this information is provided and a diagram of your corporate structure is submitted.
- \_\_\_\_\_ 2) Has the list of employees and certification numbers and type of certification been submitted?

### ABATEMENT ENTITY

- \_\_\_\_\_ 1) Has the relevant employment/experience history been provided (including project **start** and **finish dates**, locations, and contact person)? (**INITIAL APPLICANT ONLY**)

### ANALYTICAL ENTITY

- \_\_\_\_\_ 1) Submit documentation of proficiency in a recognized national or state quality assurance program, including equipment, routine detection limits, and chain of custody and quality assurance procedures?
- \_\_\_\_\_ 2) Make sure type of analysis you wish to provide is checked off.

Be sure to review the regulations and your application before you submit it to us for review.

Submit completed application package along with fee to:

VERMONT DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH  
Asbestos and Lead Regulatory Program  
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Burlington, VT 05402